

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. *21 cv 16*

## 1. Article Addressed to:

HEARTLAND HEALTH & WELLNESS FUND  
SERVE: PRESIDENT OR GENERAL MANAGER  
7250 POE AVENUE, SUITE 300  
DAYTON, OH 45414



9590 9402 4898 9032 8858 31

## 2. Article Number (Transfer from service label)

7014 0150 0001 6645 9410

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

*Laura Allen* ☒ Agent ☐ Addressee

## B. Received by (Printed Name)

*Laura Allen*

## C. Date of Delivery

*1-19-21*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☒ No

*LR 4.2*

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery